Via EFS-WEB

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

| Applicant | . 1 | Fago et al. | Art Unit: 3763 |
|-----------|-----|-------------|----------------|
| | | | |

Serial No. : 10/750,427 Examiner: Sundeep Virdi

Filed: December 31, 2003

For : CONTRAST CONTAINER HOLDER AND METHOD TO FILL SYRINGES

Mail Stop AMENDMENT Commissioner of Patents P.O. Box 1450

Alexandria, VA 22313-1450

AMENDMENT TRANSMITTAL

1. X Transmitted herewith is a Response to Restriction Requirement.

2.___ Small Entity status of this application under 37 CFR 1.9 and 1.27 has been established by

a verified statement previously submitted.

Enclosed is a verified statement to establish Small Entity status

X Other than a Small Entity

3. The fee has been calculated as shown below:

| (Col. 1) | | (Col. 2) | | (Col. 3) | SMALL ENTITY | | LARGE ENTITY | |
|---|----------------------|------------------------------------|----|--------------|-----------------|--------------|-----------------|-----|
| 1 | emaining nendment | Highest No. Previously Paid For | | Extra | Present Rate | Fee | Present Rate | Fee |
| TOTAL | 17 | MINUS | 20 | 0 | x \$25 | \$0 | x \$50 | \$0 |
| INDEP. | 2 | MINUS | 7 | 0 | x \$100 | \$0 | x \$200 | \$0 |
| FIRST PRESENTATION OF MULTIPLE DEP. CLAIM | | | | +\$180 | \$0 | +\$360 | \$0 | |
| TOTALS | | | | TOTAL FEE | \$0 | TOTAL FEE | \$0 | |

| Additional | fee | for a | olaime | ic | rea | mired | 1 |
|------------|-----|-------|--------|----|-----|-------|----|
| Additional | 100 | TOT (| | 10 | 100 | unce | ı. |

4.___ Attached is a check in the sum of \$_. Please charge my Deposit Account No. 23-3000 in the amount of \$____.

Certificate of Electronic Transmission

I hereby certify that this correspondence and any enclosures are being electronically transmitted via EFS-WEB on the date indicated below.

/Thomas W. Humphrey/ July 11, 2006 Thomas W. Humphrey Date

Reg. No. 34,353

| 5. | The proceedings herein are apply. | The proceedings herein are for a patent application and the provisions of 37 CFR 1.136 apply. | | | | | | | |
|--|--|---|--|--|--|--|--|--|--|
| (a) | | Complete (a) or (b) as applicable. Applicant petitions for an extension of time under 37 CFR 1.136 for the total number of months checked below: | | | | | | | |
| | | Fee for | | | | | | | |
| | Extension | other than | Fee for | | | | | | |
| | (months) | small entity | small entity | | | | | | |
| | one month | \$ 120.00 | \$ 60.00 | | | | | | |
| | two months | \$ 450.00 | \$225.00 | | | | | | |
| | three months | \$1020.00 | \$510.00 | | | | | | |
| | four months | \$1590.00 | \$795.00 | | | | | | |
| | five months | \$2160.00 | \$1080.00 | | | | | | |
| | Extension fee due | Extension fee due with this request \$ | | | | | | | |
| complete the compl | is deducted from the total Extension fee due with this Applicant believes that no | fee due for the total more sequest \$ OR extension of term is recovide for the possibility | ecured and the fee paid thereof of \$ nths of extension now requested. quired. However, this conditional y that applicant has inadvertently f time. | | | | | | |
| <u>X</u> | If any additional fee for classical states of the states o | If any additional fee for claims or extension of time is required, charge Account No. 23-3000. | | | | | | | |
| | | R | Respectfully submitted, | | | | | | |
| | | /" | Thomas W. Humphrey/ | | | | | | |
| | | Т | homas W. Humphrey | | | | | | |
| | | R | Reg. No. 34,353 | | | | | | |

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